

APR. 19. 2017 2:27PM FDL MED EXAMINER

NO. 928

P. 1

TO: ONEIDA CO

Fond du Lac County Medical Examiner's Office

Forensic Pathologist: DR
Forensic Assistant: DRCOUNTY: ONEIDA
NAME: THOMAS SMITH
CASE #: 17-0339 AGE: 65 YEARS
DOD: 04/18/17 @ 0625 DQB: 01/31/52
DATE OF AUTOPSY: 04/19/17
SPECIMEN
OK**IMPORTANT**

Toxicology specimens stored at the FDL ME Office will be discarded after 1 year from the date of autopsy and retained tissue specimens will be discarded after 5 years from the date of autopsy, unless alternate arrangements are made by the Coroner/ ME Office of jurisdiction. Toxicology specimens sent away for analysis are discarded according to the policies of those laboratories.

PROVISIONAL AUTOPSY FINDINGS

COPY

- I. Hypertensive Cardiovascular Disease
 - A. Left ventricular hypertrophy
 - B. Multifocal myocardial fibrosis to left ventricle
 - C. Granularity to renal cortices
 - D. Clinical history of poorly controlled hypertension
- II. Coronary Artery Disease, diffuse, calcific, multivessel
 - A. Left Anterior Descending: 75% mid & 80% distal stenoses
 - B. Posterior descending coronary artery: 80% proximal stenosis
- III. Diabetes Mellitus; clinical hx of poorly controlled diabetes w/
 - Hyperglycemic hyperosmolar syndrome diagnosed on 4/7/17 admission to hospital
 - A. Granularity to renal cortices, c/w nephroarteriosclerosis;
 - B. Clinical history of chronic kidney disease
- IV. Pulmonary edema, lungs
 - A. Clinical history of sepsis due to aspiration pneumonia on 4/7/17 admission
- V. Renal cell carcinoma, 3.5x3.3x 2.1 cm, right kidney
- VI. Blunt Force Traumatic Injuries
 - A. Scrubbed abrasions to right lateral face & forehead
 - 1. Small underlying subgaleal hemorrhage
 - 2. No skull fractures
 - B. No intracranial trauma
 - C. No trauma to neck or spinal cord
 - D. Abrasions to knees, w/ contusion to left knee
 - E. Abrasion to right scapular area of back & right elbow
 - F. Contusion to upper posterior right arm
- VII. Diminished skin turgor to body, w/ dry mucous membranes
- VIII. Atrophy to cerebral cortices, frontoparietal
- IX. Benign Prostatic Hypertrophy
- X. Calcific aortic atherosclerosis
- XI. Calcifications to aortic valve cusps, mild.
- XII. Clinical hx of Parkinson's Disease
 - A. Good pigmentation to neurons of substantia nigra

Kellogg

Lodulta
Exh: <u>7</u>
Date: <u>7-30-20</u>
Willette Court Reporting PS

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